


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90090 007 \*\*\*\*61.25

DOCUMENT # 733863  
1. Entity Name  
**HARDEE COUNTY COUNCIL ON AGING, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>310 North 8th Ave.</b>	3. Mailing Address <b>310 North 8th Ave.</b>
Suite, Apt. #, etc. <b>P. O. Box 1763</b>	Suite, Apt. #, etc. <b>P. O. Box 1763</b>
City & State <b>Wauchula, FL</b>	City & State <b>Wauchula, FL</b>
Zip <b>33873</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1634802</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Jack Clark</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1302 Stenstrom Road</b>
City <b>Wauchula</b>
State <b>FL</b>
Zip Code <b>33873</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack Clark* **Jack Clark** 1/24/03  
(NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jack Clark</b> <b>1302 Stenstrom Road</b> <b>Wauchula, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>John Russell</b> <b>309 Garden Drive</b> <b>Wauchula, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>Katie Williams</b> <b>307 Shelton Ave.</b> <b>Wauchula, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Imogene Gilliard</b> <b>115 W. 7th St.</b> <b>Zolfo Springs, FL 33890</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Grace Glorius</b> <b>114 Pennsylvania Ave.</b> <b>Wauchula, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Phil Glorius</b> <b>114 Pennsylvania Ave.</b> <b>Wauchula, FL 33873</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Clark* **Jack Clark** 1/24/03 (863) 773-2022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

Attachment

2003 Uniform Business Report (UBR) Attachment

Document# 733863

30026444

FEI Number: 59-1634802

Hardee County Council on Aging, Inc.  
310 North 8<sup>th</sup> Ave.  
P. O. Box 1763  
Wauchula, FL 33873

Officers and Directors (Continued)

Juanita Clark  
1302 Stenstrom Road  
Wauchula, FL 33873

Mary Himrod  
609 East Main Street  
Wauchula, FL 33873

Madge Lackey  
617 East Bay Street  
Wauchula, FL 33873

Julia Brandow  
P. O. Box 1843  
Zolfo Springs, FL 33890